

**Beckham County Sheriffs Office & Detention Center
Employment Application**

Dear Applicant,

Thank you for applying with the Beckham County Sheriff's Office. The Beckham County Sheriff's Office is a pro-active office with the highest of standards in ethics, morals, and values.

To apply for employment with the Beckham County Sheriff's Office you must meet the following requirements:

Communication Division: You must be 18 years of age. It is necessary that you possess typing skills, have a High School diploma or its equivalent, a good driving record, and no criminal record.

Detention Division: You must be 18 years of age. It is necessary that you possess typing skills, have a High School diploma or its equivalent, a good driving record, and no criminal record.

Field Division: 23 years of age, you must have a high school diploma or its equivalent, and it is imperative that you have a good driving record and no criminal record. All field division deputies must live within the boundaries of Beckham County.

The application that you have received is lengthy and detailed. Unfinished or improperly completed applications will not be considered.

The properly completed applications received by the Beckham County Sheriff's Office will remain on file for one year. If, after one year, you still want employment with our office you may re-apply.

Successful applicants will be notified of further steps in the selection process by phone or mail. All attachments required by this application become the property of the Beckham County Sheriff's Office.

Thank you again for applying with the Beckham County Sheriff's Office. If you meet our high standards and are chosen to become a member of our office you will become an asset to the entire law enforcement community.

Sincerely,
Scott Jay, Sheriff
Beckham County Sheriff's Office

*Beckham County Sheriffs Office & Detention Center
Employment Application*

Print all information and use black ink. Do not type.

Date of application: _____

Personal Information

Name: _____

(Maiden) (Last) (First) (Middle)
DOB: _____ SSN: _____ Sex: _____ Hgt: _____

Wgt: _____ Race: _____ DL Number: _____ State: _____

Home Phone: _____ Message Phone: _____

Address: _____

(Street) (City) (State) (Zip Code)

Marital Status: Married: _____ Divorced: _____ Single: _____ Widowed: _____

Name of Spouse: _____

(Maiden) (Last) (First) (Middle)
DOB: _____ SSN: _____ Sex: _____ Hgt: _____

Wgt: _____ Race: _____ DL Number: _____ State: _____

Address: _____

(Street) (City) (State) (Zip Code)

Children:

Name: _____ DOB: _____ Sex: _____

Address: _____

(Street) (City) (State) (Zip Code)

Name: _____ DOB: _____ Sex: _____

Address: _____

(Street) (City) (State) (Zip Code)

Name: _____ DOB: _____ Sex: _____

Address: _____

(Street) (City) (State) (Zip Code)

Do you have any relatives currently employed by the County of Beckham or the Beckham County Sheriff's Office? Yes _____ No _____

If yes, List below:

Name: _____ Position Held: _____

Emergency Notification

List two persons to notify in case of emergency

(Name)	(Address)	(Phone)
(Relation)		

(Name)	(Address)	(Phone)
(Relation)		

Date you can start: _____ Are you employed now? Yes__ No __

Employment Status

Have you previously applied for employment with Beckham County? _____

When? _____ For what position? _____

Have you previously applied for employment with the Beckham County Sheriff=s

Office? _____ When? _____ For what position? _____

Have you applied for employment with any other law enforcement agency? _____

If yes, list below (if space provided is not sufficient attach additional page(s) as necessary).

	Where	Position	When	Application Status
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Law Enforcement Education

Have you ever been employed at a Law Enforcement Agency? _____

If yes, list below:

	Date	Employer	Supervisor	Agency Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Attach reason for leaving the above agency(s).

Are you a certified police officer? _____ Date of Certification: _____

Have you received any advanced training in law enforcement? _____

If yes, list the Law enforcement schools that you attended below:

	Name of School completion	Date	Satisfactory
1.	_____	_____	_____
2.	_____	_____	_____

CLEET Approved? _____ Certificate Received: _____

	Name of School completion	Date	Satisfactory
1.	_____	_____	_____
2.	_____	_____	_____

CLEET Approved? _____ Certificate Received: _____

List all subjects of special study or research work that you have been involved with that you feel are beneficial in police work.

1. _____
2. _____
3. _____
4. _____

Education

In chronological order list all grammar schools that you attended.

School	Location-City & State	Dates Attended	Grade Completed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

In chronological order list all middle and junior high schools that you attended.

School	Location-City & State	Dates Attended	Grade Completed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

In chronological order list all high schools that you attended.

School	Location-City & State	Dates Attended	Grade Completed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Attach copy of High School Diploma or its equivalent.

In chronological order list all colleges and universities that you attended.

School	Location-City & State	Dates Attended	Grade Completed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Attach a copy of all college or university transcripts and diplomas.

Military Status

Have you been a member of the U.S. Military Service? _____

Branch of Service Date of Separation Rank at Separation

Attach copy of separation papers. (DD214)

Are you currently a member of the National Guard or Reserves? _____

Branch of Service Unit Location Years of Service

Residences

In chronological order list you previous residences since your 18th birthday.

Dates Number & Street City State Zip
Code
From-To

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Attach the reason that you relocated.

Employment

If you are employed list your current employer.

Date From-To _____ Name of company or employer: _____

City: _____ County: _____ State: _____

State your reason for wanting to leave the employment listed above.

In chronological order list below all of your previous employments from present to past.

Dates

From-To: _____ Name of employer: _____

City: _____ County: _____ State: _____

Position: _____ Supervisor: _____ Phone: _____

Dates

From-To: _____ Name of employer: _____

City: _____ County: _____ State: _____

Position: _____ Supervisor: _____ Phone: _____

Dates

From-To: _____ Name of employer: _____

City: _____ County: _____ State: _____

Position: _____ Supervisor: _____ Phone: _____

Dates

From-To: _____ Name of employer: _____

City: _____ County: _____ State: _____

Position: _____ Supervisor: _____ Phone: _____

Dates

From-To: _____ Name of employer: _____

City: _____ County: _____ State: _____

Position: _____ Supervisor: _____ Phone: _____

If space provided is not sufficient make copies of this page and attach the remaining previous employment records.

Attach the reason for leaving each of your previous employments.

Have you ever been terminated, asked to resign, suspended, or put on inactive status by any of your previous employers? _____ If yes, Attach a detailed statement concerning each event.

Traffic Violations

In chronological order list all traffic citations that have been issued to you.

Date	Violation	Issuing Agency	Disposition
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Attach an explanation for each violation listed.

Criminal Violations

In chronological order list all of your arrests.

Date	Charge	Issuing Agency	Disposition
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Attach an explanation of each arrest listed.

Attach a recent photograph (Not more than 6 months old) of yourself. Head and shoulder view.

Attach copy of your birth certificate.

Personal References

List seven personal references you have known for at least four years. Do not list relatives.

1.	_____	_____	_____
	Name	Occupation	Home Phone
2.	_____	_____	_____
	Name	Occupation	Home Phone
3.	_____	_____	_____
	Name	Occupation	Home Phone
4.	_____	_____	_____
	Name	Occupation	Home Phone
5.	_____	_____	_____
	Name	Occupation	Home Phone
6.	_____	_____	_____
	Name	Occupation	Home Phone
7.	_____	_____	_____
	Name	Occupation	Home Phone

Credit References

List all companies or persons with whom you have had credit dealings.

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I, _____ do give consent to the above listed credit references authorization to release any and all pertinent information concerning past/present credit with your company to the Beckham County Sheriff=s Office, or any person employed by the Beckham County Sheriff=s Office responsible for any action during employment investigations.

Name of Applicant

Date

Subscribed and Sworn to me before this _____ day of _____, _____

Notary Public

County State

My commission expires the _____ day of _____, _____.

Consent for Employment Information

I, _____, do give consent to the Beckham County Sheriff=s Office, Beckham County, Oklahoma to investigate all personal, employer reference, and other persons this office chooses to contact during the investigation, and all criminal records pursuant to the application for employment I have submitted. I will not hold the Beckham County Sheriff=s Office or any person employed by the Sheriff=s Office responsible for any actions during this investigation.

I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without any previous notice. Further, I understand that no oral statement made by anyone about my employment is binding on the Beckham County Sheriff=s Office.

Name of Applicant

Date

Subscribed and Sworn to me before this _____ day of _____, _____

Notary Public

My commission expires the _____ day of _____, _____.

Office Use Only

Application due back by _____ *day of* _____, _____.

Application received _____ *day of* _____, _____ by _____.

BECKHAM COUNTY, OKLAHOMA
DRUG AND ALCOHOL TESTING CONSENT FORM
(Not for use with applicants and employees covered by DOT regulations.)

I, _____ on this date _____

_____ DO consent to provide a sample specimen for drug and/or alcohol testing.
(Initial)

_____ DO NOT consent to provide a sample specimen for drug and/or alcohol testing.
(Initial)

I acknowledge that the testing personnel will determine which test to use (i.e. urine, blood, breath, etc.)

I am currently using the following medication (indicate “none” if applicable):

<i>Type of drug/brand name/dosage</i>	<i>Last taken</i>	<i>Prescribing physician or over-the-counter</i>
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I have been in contact with or exposed to the following substance which may have an affect on a drug and/or alcohol test (indicate “none” if applicable):

I understand that my refusal to provide a sample specimen will result in the rejection of my application for employment or grounds for disciplinary action up to and including termination from my current employment with Beckham County. I further understand that a confirmed positive test without satisfactory explanation will be grounds for the rejection of my application for employment and will be grounds for disciplinary action up to and including termination from my current employment with Beckham County.

Signature

Date

Witness

Date